

Learning to Lead – Empowering Nursing Students as Peer Mentors

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CLINICAL EXPERIENCE is an essential component of nursing education. However, it has been documented that clinical experience generates a significant amount of anxiety for nursing students (Walker & Verklan, 2016). Nursing students in a midwestern university's baccalaureate nursing program have a mere 45 hours focused on long-term care during their first semester. During the second semester, students complete 180 clinical hours in a hospital setting.

The transition to a hospital clinical setting from the laboratory and long-term care can be difficult and anxiety-ridden for first semester students. Peer mentoring has been established to be an effective method to promote success for nursing students (Yarbrough & Phillips, 2022). It is known that peer mentoring can provide a positive experience for the mentee. In the mentor role, students can develop leadership skills and confidence. There are minimal leadership opportunities for first-year nursing students. Mentoring has been studied from the mentee's perspective, but there is limited data on the mentor's perspective and benefit, particularly for

nursing students (Miller et al., 2019). Mentoring is considered a crucial aspect of the nursing profession and plays a significant role in shaping the career paths of nursing professionals.

In order to address this need, nursing faculty added a mentoring experience in the clinical setting for first and second-semester students towards the end of the semester. The second-semester students, who have completed a majority of the clinical hours for the semester, take on the role of a mentor to the first-semester students.

In order to determine the effectiveness of the clinical, an IRB was obtained prior to the experience for the purpose of surveying student mentors afterwards to gain valuable feedback. The survey contained Likert rating questions and open-ended questions to gain qualitative and quantitative data along with recommendations for improvement. Questions focused on the objectives of the clinical:

- Identify the benefits experienced by the mentor in the clinical setting.
- Evaluate how the mentor/mentee re-

lationship affects the mentor's confidence in the clinical setting.

- Explore the benefits of the mentor/mentee relationship to the mentor's personal and professional growth and confidence.

A mentoring orientation was held before this experience. During orientation, time was provided for the mentor and mentee to acquaint themselves with one another, followed by a comprehensive review of the clinical expectations by the clinical instructors. Students also worked together to fill out a medication log. Three common medications were assigned for the students to review to fulfill the assignment. The evening before the clinical, the mentor and mentee researched their patient information together to prepare them for the clinical. Students completed medication logs with the patient's prescribed medications during this time. The next day, the mentor and mentee reviewed the patient chart and the mentee gave report to the clinical instructor. The mentor and mentee also provided patient care during clinical experience, including medication administration, assessment, and documentation. During the debriefing experience immediately following the clinical, the mentee gave report to the clinical instructor with assistance from the mentor.

After the clinical experience, the survey was sent to all 37 second semester students that participated in the clinical through the institution's learning management system for the mentor to complete anonymously. Seventeen students responded to the survey. Scores to choose from on the Likert scale were from 0, strongly disagree, to 5, strongly agree. Questions asked were all answered with either agree, 4, or strongly agree, 5. Questions dealt with increasing self-con-

fidence, developing leadership skills, helping the first semester student, and allowing the student to review nursing skills and knowledge. The average scores ranged from 4.59-4.76. Comments made by the students were also very positive. One student noted that they were not looking forward to the clinical as they did not see how the clinical would be beneficial for them. The student continued, "This clinical really boosted my self-confidence and made me feel like I knew more than I thought I did."

Mentoring is a role that nurses will practice throughout their professional

careers. Many healthcare facilities are utilized as clinical sites by nursing students. Faculty led clinical experiences can be ten students to one faculty member, so nurses may serve as a mentor to nursing students. Seasoned nurses will be assigned to mentor newly hired nurses through the orientation process. Experienced nurses will also be looked to for advice and support by nurses who have less experience. It is important that mentoring is introduced and developed early in nursing education programs to prepare nurses to step into this role with confidence. ■

References

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Kansas: The Place for Growing Families?

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WHEN CONSIDERING FAMILY well-being and pregnancy risks, the March of Dimes notes "Where you live matters." Disparities in maternal and neonatal outcomes have plagued this country for years. Kansas is no exception as these disparities and inequities have continued. Infant and maternal mortality as well as preterm birth rates are a few of the important factors

that reflect health care disparities. Steps have been taken by Kansas health care leaders to help improve outcomes for moms and babies (KDHE, 2024).

An essential statistic when discussing the health of a country or a state is the infant mortality rate or the number of deaths of infants per 1000 live births per year. The infant mortality rates have

significantly improved over the past decades across all racial and ethnic groups. However, the infant mortality rate in the white, non-Hispanic population has improved at a faster rate than in other racial and ethnic populations which has actually increased some disparities (Singh & Yu, 2019). The disparities are evident among Kansas mothers and infants. According to the National Center for Health Statistics from 2019 to 2021 the infant mortality rates in Kansas were 5.2 in the white population, 5.3 among Asian/Pacific Islanders, 5.6 among Hispanics, and 10.8 among the Black population (March of Dimes, 2023).

Although birth defects are the most common cause of infant death during that first year of life, preterm birth is also a contributing factor. As reported in the March of Dimes 2023 Report Card, the preterm birth rate in Kansas in 2022 was 10.5 percent while the US rate was 10.4 percent. A concerning issue is that the 2022 rate in Kansas was higher than the 2021 rate of 9.8 percent. Disparities in preterm birth percentages have been reported with 8.8